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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> 100727-57 / Heraeus 409-KGB	
		<b>First Inventor</b> Dr. Sebastian VOGT et al	
		<b>Title</b> See Application Data Sheet	
		<b>Express Mail Label</b> EV328768105US	

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450	
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <small>[Total Pages 27]</small> <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total Sheets ]</small> 5. Oath or Declaration <small>[Total Pages ]</small> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Express Mail Certificate
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

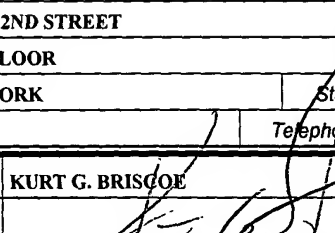
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	30TH FLOOR		
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Country	USA	Telephone	212-808-0700
		Fax	212-808-0844

Name (Print/Type) KURT G. BRISCOE	Registration No. (Attorney/Agent) 33,141
Signature 	Date September 11, 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		\$876.00	
		To Be Assigned Herewith Dr. Sebastian VOGT et al To Be Assigned To Be Assigned 100727-57 / Heraeus 409-KGB	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																												
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">14-1263</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Norris McLaughlin &amp; Marcus</span> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051 130</td><td>2051 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052 50</td><td>2052 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053 130</td><td>1053 130</td><td>Non - English specification</td><td></td></tr> <tr><td>1812 2,520</td><td>1812 2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804 920*</td><td>1804 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805 1,840*</td><td>1805 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251 110</td><td>2251 55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252 410</td><td>2252 205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253 930</td><td>2253 465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254 1,450</td><td>2254 725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255 1,970</td><td>2255 985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401 320</td><td>2401 160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402 320</td><td>2402 160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403 280</td><td>2403 140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451 1,510</td><td>1451 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452 110</td><td>2452 55</td><td>Petition to revive - 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	KURT G. BRISCOE	Registration No. (Attorney/Agent)	33,141
Signature		Telephone	212-808-0700
		Date	September 11, 2003

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APPLICANT: Dr. Sebastian VOGT et al

TITLE: Antibiotic Polymer Combination / Antibiotics Polymer Combination

**EXPRESS MAIL CERTIFICATE**

“Express Mail” mailing label number EV 328768105 US  
Date of Deposit September 11, 2003

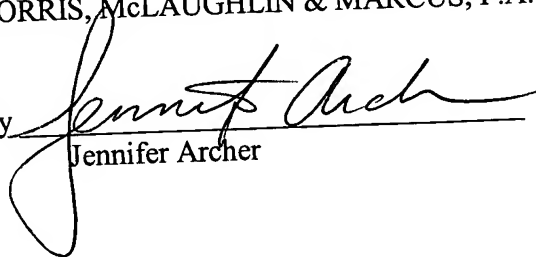
I hereby certify that the following items:

1. Utility Patent Application Transmittal
2. Application Data Sheet
3. Fee Transmittal in duplicate – **CHARGE DEPOSIT ACCOUNT**
4. Specification consisting of description (pages 1-17); 27 Claims (pages 18-26); Abstract (page 27)
5. Transmittal of Priority Document
6. Certified copy of German Application No. 102 42 476.4
7. Information Disclosure Statement
8. Form PTO 1449 with copies of cited foreign reference DT 1 492 441
9. Copy of First Office Action issued by German Patent Office
10. Return Receipt Postcard

are being deposited with the United States Postal Services “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to the: Mail Stop Patent Application, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

NORRIS, McLAUGHLIN & MARCUS, P.A.

By

  
Jennifer Archer